

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of ChristmasTown of Christmas

or

City of _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edna Bernice Goodwin { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? _____ 6. Date of birth Dec 26 1928 Month 26 Day _____ Year _____8. FATHER Full name Edward Geo Goodwin 14. MOTHER Full maiden name Hazel Mary Wilson9. Residence (Usual place of abode) Christmas 15. Residence (Usual place of abode) Christmas If non-resident, give place and state. Ariz10. Color or race White 11. Age at last birthday 29 (Years) 16. Color or race White 17. Age at last birthday 21 (Years)12. Birthplace (city or place) Pachucan 18. Birthplace (city or place) Silver City (State or country) Kentucky N Mexico13. Occupation Pipe Fitter 19. Occupation Housewife Nature of industry Mining20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 a.m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Hutton M.D. (Physician or midwife)Address Hayden ArizGiven name added from a supplemental report _____ Filed Jan 4 1929 Local Registrar.

Month, day, year

Registrar

Filed _____, 19 _____

County Registrar.

575-1226-865